

FEB. 10.2005 2:45PM

7635146982 MEDTRONIC

NO. 4264 P. 3

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax **(703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27581 7590 12/22/2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s). This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

02/11/2005 SSITHIB2 00000015 132546 09945195

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

MOLLY CHLEBECK

(Depositor's name)

Molly Chlebeck

(Signature)

February 10, 2005

(Date)

APPLICATION NO.	FLING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/945,195	08/31/2001	Catherine R. Condie	P-9632.00	4493

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/22/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
JASTRZAB, JEFFREY R	3762		607-011000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PAUL H. McDONALL2 GIRMA WOLDE-MICHAEL

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEDTRONIC, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MINNEAPOLIS, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-15016 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

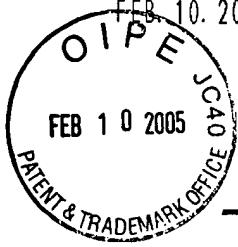
b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Paul H. McDonallTyped or printed name PAUL H. McDONALLDate 26 Jan '05Registration No. 34,873

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEB 10 2005 2:44PM

7635146982 MEDTRONIC

NO. 4264 P. 1



Medtronic

Facsimile Cover Sheet

P-9632.00

To: Office of Publications

Company: U.S. Patent and Trademark Office

Phone:

Fax: 703 746 4000

From: Paul H. McDowell

Company: Medtronic

Phone: 763 514 3351

Fax: 763 514 6982

Date: February 7, 2005

**Pages including this
cover page: 4**

Comments:

RE:

Serial No. 09/945,195

Applicants: Condie et al.

Filed: August 31, 2001

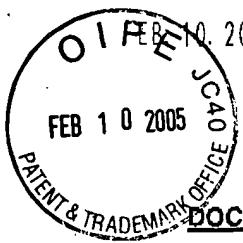
**Title: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO
SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT
MYOCARDIAL ISCHEMIA WITHIN THE PATIENT**

Attached please find the following documents:

- Issue Fee Transmittal**
- Part B-Fee(s) Transmittal**
- Fee Addressee For Receipt of PTO Notices Relating to Maintenance Fees**

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT MOLLY CHLEBECK AT TELEPHONE (763) 514-3118 IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.



O 1 FEB 10 2005 2:45PM

7635146982 MEDTRONIC

NO. 4264 P. 2

DOCKET NO: P-9632.00

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICEFEE TRANSMITTAL

In re Application of: Catherine R. Condie et al.
For: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO
SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL
ISCHEMIA WITHIN THE PATIENT

Serial No.: 09/945,195
Filed: August 31, 2001

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **FEE TRANSMITTAL** and
the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mail Stop
Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 10th
day of February, 2005.

Molly Chlebeck
Signature

MOLLY CHLEBECK
Printed Name

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Fee Transmittal
 PTOL FORM 85B
 Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a
Total of \$1,700.00.

Applicant believes that no extension of time is required. However, if an extension of time is
required, please consider this a petition therefore to provide for the possibility that applicant has
inadvertently overlooked the need for an extension of time and charge same to Deposit Account
13-2546.

Date

10 Feb 05

Paul H. McDowell
Paul H. McDowell
Reg. No. 34,873
Telephone: (763) 514-3351
No. 27581